SETTLEMENT AGENT REGISTRATION FORM
FOR A FINANCIAL INSTITUTION OR ITS AFFILIATE OR SUBSIDIARY
PURSUANT TO CHAPTER 27.3 OF TITLE 55 OF THE CODE OF VIRGINIA

Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640

Instructions
Attach a check for $100 payable to the Treasurer of Virginia.

The undersigned hereby wishes to register with the State Corporation Commission as a Settlement Agent pursuant to Chapter 27.3 of Title 55 of the Code of Virginia.

1. Name of Registrant _____

2. Mailing Address _____

3. Registrant is a: ( ) Financial Institution ( ) Subsidiary or Affiliate of a Financial Institution

   Name of financial institution of which entity is a subsidiary or affiliate_____

4. Applicable Virginia or Federal licensing/regulatory authority_____

5. Date on which entity was licensed or otherwise authorized to transact business in Virginia _____

6. List each location where settlement agent business will be conducted (Include street address, city, state, zip code and telephone number for each location):

Address	Telephone Number

(Attach additional sheets as necessary)

CERTIFICATION

The undersigned certifies that he/she has been duly authorized to execute and file the foregoing registration form, and that to the best of his/her knowledge, information, and belief, the registration form contains no misstatement of fact and does not omit a material fact called for.

_____ _____
Name (Type or Print) Signature

_____ _____
Telephone Number Title